INFORMATIONAL LETTER NO. 756

To: All Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community MH, Family Planning, Residential Care Facility, ICF MR State, Community Based ICF/MR Providers

From: Iowa Department of Human Services, Iowa Medicaid Enterprise

Date: October 3, 2008

Subject: Iowa Medicaid Pharmacy Program Changes

Effective: **October 27, 2008**

1. Changes to the Preferred Drug List (PDL)[1]

Preferred	Non-Preferred		Recommended	Non- Recommended
Amphoteracin B	Acarbose	Requip®	Prezista™ 600mg	Selzentry™
Paxil CR®	Divalproex Sodium EC	Requip® XL™		
Risperdal®	Lipofen	Risperidone		
Ropinirole[2]	Paroxetine ER	Subutex®		
	Patanase®	Voltaren® Gel[3]		
	Pylera™	Zaleplon		

2. Synagis® Coverage 2008-09 RSV Season

Prior authorization requests for Synagis® may now be submitted to the Iowa Medicaid Pharmacy Prior Authorization Unit. Approved Synagis® prior authorizations will have a **start date of October 30, 2008**. Prior authorizations will be approved for a maximum of five doses through March 31, 2009. An additional sixth dose may be required based on variations in season patterns. The prior authorization form can be found on our website www.iowamedicaidpdl.com.

3. New Drug Prior Authorization – See prior authorization criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.

- **Angiotensin Receptor Blocker Before ACE Inhibitor:** Payment for Angiotensin Receptor Blockers (ARB) and Angiotensin Receptor Blocker Combinations will only be considered for cases in which there is a contraindication or therapy failure with at least one ACE-I or ACE-I Combination. A completed prior authorization form will need to be submitted if a trial with an ACE-I or ACE-I Combination of at least 30 days in length is not found in the point-of-sale system and/or unless evidence is provided that use of an ACE-I or ACE-I Combination would be medically contraindicated. Prior authorization is required for all non-preferred ARBs and ARB Combinations the first day of therapy. Payment for a

[1] Danocrine®, Desquam-E® Gel, Fungizone®, Prolixin®, and Prolixin Decanoate® have been removed from the PDL due to discontinuation by the respective manufacturers.
[2] Will become preferred on 9-20-08
[3] Clinical PA Criteria Apply

non-preferred ARB or ARB Combination will be considered following documentation of recent trials and therapy failures with a preferred ACE-I or ACE-I Combination AND a preferred ARB or ARB Combination.

- **Concurrent IM/PO Antipsychotic Use:** A prior authorization is required for concurrent long acting injectable and oral antipsychotic medications of the same chemical entity after 12 weeks (84 days) of concomitant treatment. Consideration of concomitant therapy beyond 12 weeks (84 days) will require documentation of medical necessity. Prior authorization is required for all non-preferred antipsychotics as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for non-preferred antipsychotics will be considered only for cases in which there is documentation of previous trials and therapy failures with a preferred agent.

4. **ProDUR Quantity Limits:** The following quantity limit edits will be implemented. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpdl.com under the heading, "Quantity Limits". It is recommended that the list below be reviewed and medications prescribed outside of these dose consolidation edits be adjusted prior to the implementation.

Drug Product	Quantity	Days Supply
Pristiq™ 50mg	30	30
Pristiq™ 100mg	30	30

5. **Tamper Resistant Prescriptions**

Beginning **October 1, 2008,** all written prescriptions for which Medicaid pays any portion of the cost must be written on a tamper-resistant prescription pad with **all three characteristics** considered to be "tamper-resistant". These characteristics are defined as:

1) One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription pad by the prescriber;
3) One or more industry recognized features designed to prevent the use of counterfeit prescription forms.

This rule only applies to written prescriptions for covered outpatient drugs. Printed prescriptions generated from Electronic Medical Records (EMR) or ePrescribing software applications may be printed on plain paper, which contains at least one feature from each of the three characteristics listed above.

This rule only applies to written prescriptions for covered outpatient drugs. Printed prescriptions generated from Electronic Medical Records (EMR) or ePrescribing software applications may be printed on plain paper, which contains at least one feature from each of the three characteristics listed above. CMS has established a FAQ page on their website pertaining to the new tamper-resistant prescription requirements. It can be accessed at http://www.cms.hhs.gov/deficitreductionact/downloads/miptrpfaqs9122007.pdf

6. FDA's Effort to Remove Unapproved Drugs from the Market

Prescribers and pharmacists are often not aware of the unapproved status of some drugs and have continued to unknowingly dispense unapproved drugs because the labeling does not disclose that they lack FDA approval. The FDA estimates that there are several thousand unapproved drugs illegally marketed in the United States. The FDA is stepping up its efforts to remove unapproved drugs from the market. Additional information can be found at http://www.nabp.net/ftpfiles/newsletters/IA/IA082008.pdf

We encourage providers to go to the website at **www.iowamedicaidpdl.com** to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.